BNOIS SPINKA
188 - 192 KEAP STREET BROOKLYN, NY 11211

127 Wallabout St. Bklyn, NY. 11206

בני ספינקא

Tel. (718) 222-3092 Fax (718) 596-8157

(718) 963-2966

January, 22, 2002

From: Bnos Spinka
Gitty Horowitz
127 Wallabout st.
Bklyn, NY 11206

To School Libraries Division
Universal Service Administrative Company

We did not write the CC Docket Nos. 96-45 and 97-21 on our letter of

appeal when we sent our appeal with Air Bourne yesterday; therefore we are

remailing a copy of everything today with the CC Docket Nos. written on

the letter of appeal.

Thank You So Much

Gitty Horowitz

No. of Copies rec'd _____0_____
List ABCDE

BNOIS SPINKA

188 - 192 KEAP STREET BROOKLYN, NY 11211

/27 Wallabout st. Bklyn, NY 11206
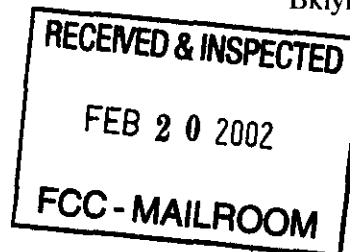
בנות ספינקא

Tel. (718) 222-3092 Fax (718) 596-8157

963-2966

JANUARY 22, 02

From: Bnos Spinka
Gitty Horowitz
127 Wallabout st.
Bklyn, NY 11206

Re: appeal case # 40730
Entity # 209385
CC Docket Nos. 96-45 and 97-21
School & Libraries Division
Universal Service Administrative Company

To Whom It May Concern:

This is the letter to appeal your decision, which you aren't providing us with funding. We are so sorry to receive this packet of all papers back from you and as I spoke to Dason recently I was told to appeal this. We always responded to all faxes as recently in November. For further information if you do not hear any respond from us through the fax please call us at the office at (718) 963-2966. That this should never happen again.

We are in desperate need for this and were sure and waiting every day to hear from you that we are approved for the funding. Please let us know as soon as possible. Please note as we have in our records is Block 5, numbers 13 and 14 where changed to Destia on March 12, 2001, which we provided documentation. I understood item 18 was supposed to be left blank, Therefore enclosed is the change as you requested.

Please consider this matter that we never had any sign of receiving any fax of which you said you faxed us and we never got any fax because whichever fax we received on our side we always without any exceptions responded to immediate. We do have a new fax # 718-596-8157. But besides this matter we still check the old fax # daily.
Please respond quickly and take this matter into consideration. We are desperately waiting for the funding. Thanks so much for everything.

Name: Bnos Spinka
               Gitty Horowitz
               127 Wallabout st.
               Brooklyn, NY 11206
Telephone #   718-963-2966
Fax #   718-596-8157
Applicant Name Bnos Spinka
Applicant #   262914

Thank You So Much

Gitty Horowitz
Gitty Horowitz

BNOS SPINKA(ENTITY #209385)

127 WALLABOUT STREET
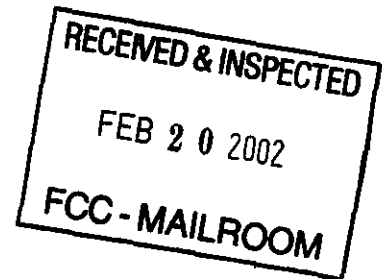## BROOKLYN, NY 11206

TEL: (718)963-2966   FAX:(718)403-9024

FAX TRANSMISSION

FROM: GITTY HOROWITZ

TO: RUSS STUCKY

FAX# 888-276-8736

Entity Number	209385	Applicant's Form Identifier	
Contact Person	GITTY HOROWITZ	Phone Number	(718) 963 - 2966

Block 5: Discount Funding Request(s)

Block 5, page _____ of _____

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #

11 Category of Service (only ONE category should be checked) ⦿ Telecommunications Service ○ Internet Access ○ Internal Connections	**15 Contract Number** (If available; use 'T' if tariffed services, "MTM" if month-to-month services as described in instructions) **T**
	16 Billing Account Number (e.g., billed telephone number) **718-963-2966**
12 Form 470 Application Number (16 digits) 395000000303838	**17 Allowable Vendor Selection/Contract Date** (mm/dd/yyyy) (based on Form 470 filing) **11/30/00**
13 SPIN - Service Provider Identification Number (9 digits) **143009164**	**18 Contract Award Date** (mm/dd/yyyy) **12/01/00**
	19a Service Start Date (mm/dd/yyyy) **07/01/01**
	19b Service End Date (mm/dd/yyyy) (use only for 'T' or "MTM" services) **06/30/02**
14 Service Provider Name DESTIA / ECONOPHONE	**20 Contract Expiration Date** (mm/dd/yyyy)

21	Description of This Service:	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # _____ 2 _____
22	Entity/Entities Receiving This Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ 209385 _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations

	Recurring Charges				Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount per month for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount $ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment $ Request (I x J)
600	0	600	12	7200	0	0	0	7200	90%	6480

GH 3/12/01

Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page __4__ of __7__

FRN # _____ (to be assigned as administration)

11) Category of Service (only ONE category should be checked) ⊙ Telecommunications Service ○ Internet Access ○ Internal Connections	15 Contract Number if available; use "T" if landed service. "MTM" if month-to-month services as described in instructions. **T**
	16 Billing Account Number (e.g. telephone number) 718-963-2966
12 Form 470 Application Number (15 dgts) 385000000303636	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 11/30/00
13 SPIN - Service Provider Identification Number (c dgts) 143001359	18 Contract Award Date (mm/dd/yyyy)
	19a Service Start Date (mm/dd/yyyy) 07/01/01
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/02
14 Service Provider Name VERIZON-NY INC.	20 Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service:	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # _____1_____

22 Entity/Entities Receiving This Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ 209385 _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount per month for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount $ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment $ Request (I x J)
1000	0	1000	12	12000	0	0	0	12000	90%	10800

Block 5: Discount Funding Request(s)

Block 5, page _5_ of _7_

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by Service Provider)

11 Category of Service (only ONE category should be checked) ⦿ Telecommunications Service ○ Internet Access ○ Internal Connections	15 Contract Number (if available, use "T" if tariffed services, "MTM" (month-to-month services as described in instructions) T
	16 Billing Account Number (e.g., billed telephone number) 718-963-2966
12 Form 470 Application Number (15 digits) 395000000303638	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 11/30/00
13 SPIN - Service Provider Identification Number (9 digits) 143069164	18 Contract Award Date (mm/dd/yyyy)
	19a Service Start Date (mm/dd/yyyy) 07/01/01
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/02
14 Service Provider Name DESTIA / ECONOPHONE	20 Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service:	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # _____ 2 _____
22 Entity/Entities Receiving This Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ 209385 _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Entity $ charges total amount per month for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount $ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment $ Request (I x J)
600	0	600	12	7200	0	0	0	7200	90%	6480

Block 5: Discount Funding Request(s)

Block 5, page 6 of 7

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (To be assigned by Administrator)

11 Category of Service (only ONE category should be checked):	15 Contract Number (if available; use "T" if tariffed service, MTM / month-to-month services as described in instructions) **T**
⊙ Telecommunications Service ○ Internet Access ○ Internal Connections	16 Billing Account Number (e.g. filed telephone number) **718-963-2968**
12 Form 470 Application Number (15 digit) **395000000303838**	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) **11/30/00**
13 SPIN - Service Provider Identification Number (9 digit) **143009898**	18 Contract Award Date (mm/dd/yy)
	19a Service Start Date (mm/dd/yyyy) **07/01/01**
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) **06/30/02**
14 Service Provider Name **NEXTEL**	20 Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service:	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # _____ 3
22 Entity/Entities Receiving This Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ 209365 _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges total amount per month for service	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount $ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) $ charges	How much of this $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment $ Request (I x J)
2500	0	2500	12	30000	0	0	0	30000	90%	27000

Block 5: Discount Funding Request(s)

Block 5, page __7__ of __7__

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FPN # _____ (to be assigned by administrator)

11 Category of Service (only ONE cclo, cry should be checked)	15 Contract Number (if available use "T"-for listed services "MTM" J month-to-month services as described in Instructions)
⊙ Telecommunications Service ○ Internet Access ○ Internal Connections	16 Billing Account Number (e.g., blended phone number) 718-963-2988
12 Form 470 Application Number (15 digit) 395000000383638	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 11/30/00
13 SPIN - Service Provider Identification Number (9 digit: 143000677	18 Contract Award Date (mm/dd/yyyy)
	19a Service Start Date (mm/dd/yyyy) 07/01/01
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/02
14 Service Provider Name CELLCO	20 Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service:	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # ____4____
22 Entity/Entities Receiving This Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: ____200305____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (Total amount per month for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount $ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment $ Request (I x J)
2500	0	2500	12	30000	0	0	0	30000	90%	27000

FCC Form 471

FY 04

Schools and Libraries Universal Service

Servic...   ...m 471

Applicant ID: 262914

262914

This form asks schools and libraries to ... ...rdered and estimate the annual
charges for them so that the Fund Adm... ...s for services.

Please read instructions ... ...for filing this form online)

| Applicant's Form Identifier: | (Create | Form 471 Application # |
| your own code to identify THIS Form 471) | | (to be issued by Fund Administrator) |

Block 1: Billed Entity Information

(The "Billed Entity" is the entity paying the bills for the services listed on this form.)

1	Name of Billed Entity (30 characters max.)	**BNOS SPINKA**		
2	Funding Year: July 1, 2001 through June 30, 2002		**3** Entity Number (up to 10 digits)	**209385**

4a	Street Address, P.O. Box,	**127 WALLABOUT STREET**		
	or Route Number			

City **BROOKLYN**	State **NY**	Zip Code **11206**

b	Telephone Number (10 digits + ext.)	**718-963-2966**
c	Fax Number (10 digits)	**718-403-9024**
d	E-mail Address (50 characters max.)	

5	Type of Application	☑	School	(public or non-public school)
		☐	School District	(LEA; public or non-public (e.g., diocesan) local district representing multiple schools)
		☐	Library	(library (i.e. outlet/branch, system))
		☐	Consortium	☐ Check here if any members of this consortium are ineligible non-governmental entities.

6a	Contact Person's Name	**GITTY HOROWITZ**

First, fill in every item of the Contact Person's information below that is different from item 4, above.

Then check the box next to the preferred mode of contact. (At least one box MUST be checked.)

b	☐ Street Address, P.O.	
	Box, or Route Number	

City	State	Zip Code ___ - ___

c	☐ Telephone Number (10 digits + ext.)	(__) ___-____ ext. ___
d	☑ Fax Number (10 digits)	(718) 403 - 9024
e	☐ E-mail Address (50 characters max.)	
f	Holiday/vacation/summer contact information:	

Block 2: Minor Modification to Existing Contract?

7	☐ Check if this Form 471 represents a minor modification, such as a modification of services, to
	a Form 471 for which you already have a Receipt Acknowledgement Letter. Provide the data requested below,
	attach a Description of Services highlighting the modified service, and sign Block 6.

Form 471 Application #:		Funding Request Number:	

Minor modification requests can be filed MANUALLY only. Please see www.sl.universalservice.org for filing instructions.

Cleared 4-20-01
46046

36729

40730

Entity Number _____209385_____ Applicant's Form Identifier _____

Contact Person _____GITTY HOROWITZ_____ Phone Number _____718-963-2966_____

Block 5: Discount Funding Request(s)

Block 5, page ___1___ of __7__

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #

11 **Category of Service** (only ONE category should be checked)	15 **Contract Number** (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)	2798-104
○ Telecommunications Service ○ Internet Access ● Internal Connections	16 **Billing Account Number** (e.g., billed telephone number)	2798

12 **Form 470 Application Number** (15 digits)	17 **Allowable Vendor Selection/Contract Date** (mm/dd/yyyy) (based on Form 470 filing)
395000000303638	11/30/00

13 **SPIN - Service Provider** **Identification Number** (9 digits) **143009579**	18 **Contract Award Date** (mm/dd/yyyy)	12/01/00
	19a **Service Start Date** (mm/dd/yyyy)	07/01/01
	19b **Service End Date** (mm/dd/yyyy) (use only for "T" or "MTM" services)	

14 **Service Provider Name** SMART TELECOM, INC.	20 **Contract Expiration Date** (mm/dd/yyyy)	06/30/08

21 **Description of This Service:**	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # _____2798-104_____

22 **Entity/Entities Receiving This Service:**	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____209385_____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations

	Recurring Charges				Non-Recurring Charges			Total Charges		
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**
Monthly $ charges (total amount per month for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount $ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment $ Request (I x J)
0	0	0	12	0	10460	0	10460	10460	90%	9414

Entity Number _____209385_____   Applicant's Form Identifier _____

Contact Person _____GITTY HOROWITZ_____   Phone Number _____718-963-2966_____

Block 5: Discount Funding Request(s)

Block 5, page __2__ of __7__

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

11 Category of Service (only ONE category should be checked) ○ Telecommunications Service ○ Internet Access ● Internal Connections	**15 Contract Number** (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) **2798-105**
	16 Billing Account Number (e.g., billed telephone number) **2798**
12 Form 470 Application Number (15 digits) **395000000303638**	**17 Allowable Vendor Selection/Contract Date** (mm/dd/yyyy) (based on Form 470 filing) **11/30/00**
13 SPIN - Service Provider **Identification Number** (9 digits) **143009579**	**18 Contract Award Date** (mm/dd/yyyy) **12/01/00**
	19a Service Start Date (mm/dd/yyyy) **07/01/01**
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)
14 Service Provider Name SMART TELECOM, INC.	**20 Contract Expiration Date** (mm/dd/yyyy) **06/30/08**

21 Description of This Service:

You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.

Attachment # _____2798-105_____

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____209385_____

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount per month for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount $ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment $ Request (I x J)
0	0	0	12	0	10795	0	10795	10795	90%	9715.5

Entity Number _____209385_____   Applicant's Form Identifier _____

Contact Person _____GITTY HOROWITZ_____   Phone Number _____718-963-2966_____

Block 5: Discount Funding Request(s)

Block 5, page _3_ of _7_

Instructions: Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   6450654   (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) ○ Telecommunications Service ○ Internet Access ● Internal Connections	**15 Contract Number** (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) **2798-106**
	16 Billing Account Number (e.g., billed telephone number) **2798**
12 Form 470 Application Number (15 digits) 395000000303638	**17 Allowable Vendor Selection/Contract Date** (mm/dd/yyyy) (based on Form 470 filing) 11/30/00
13 SPIN - Service Provider **Identification Number** (9 digits) **143009579**	**18 Contract Award Date** (mm/dd/yyyy) 12/01/00
	19a Service Start Date (mm/dd/yyyy) 07/01/01
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)
14 Service Provider Name SMART TELECOM, INC.	**20 Contract Expiration Date** (mm/dd/yyyy) 06/30/08

21 Description of This Service:	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # _____2798-106_____
22 Entity/Entities Receiving This Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____209385_____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23   Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount per month for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount $ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment $ Request (I x J)
0	0	0	12	0	7950	0	7950	7950	90%	7155

Block 5: Discount Funding Request(s)

Block 5, page __4__ of __7__

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) ● Telecommunications Service ○ Internet Access ○ Internal Connections	**15 Contract Number** (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) **T**
	16 Billing Account Number (e.g., billed telephone number) **718-963-2966**
12 Form 470 Application Number (15 digits) 395000000303638	**17 Allowable Vendor Selection/Contract Date** (mm/dd/yyyy) (based on Form 470 filing) 11/30/00
13 SPIN - Service Provider **Identification Number** (9 digits) 143001359	**18 Contract Award Date** (mm/dd/yyyy) ~~12/01/00~~
	19a Service Start Date (mm/dd/yyyy) 07/01/01
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/02
14 Service Provider Name VERIZON-NY INC.	**20 Contract Expiration Date** (mm/dd/yyyy)

21	Description of This Service:	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # _____1_____
22	Entity/Entities Receiving This Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____209385_____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations

	Recurring Charges				Non-Recurring Charges			Total Charges		
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**
Monthly $ charges (total amount per month for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount $ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment $ Request (I x J)
1000	0	1000	12	12000	0	0	0	12000	90%	10800

Entity Number	209385	Applicant's Form Identifier	
Contact Person	GITTY HOROWITZ	Phone Number	(718) 963 - 2966

Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _CF25?U_ (to be assigned by administrator)

11 **Category of Service** (only ONE category should be checked) ● Telecommunications Service ○ Internet Access ○ Internal Connections	15 **Contract Number** (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) T
	16 **Billing Account Number** (e.g., billed telephone number) 718-963-2966
12 **Form 470 Application Number** (15 digits) 395000000303638	17 **Allowable Vendor Selection/Contract Date** (mm/dd/yyyy) (based on Form 470 filing) 11/30/00
13 **SPIN - Service Provider Identification Number** (9 digits) 143009164	18 **Contract Award Date** (mm/dd/yyyy) ~~12/01/00~~
	19a **Service Start Date** (mm/dd/yyyy) 07/01/01
Destia	19b **Service End Date** (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/02
14 **Service Provider Name** ~~VIATEL/~~ECONOPHONE	20 **Contract Expiration Date** (mm/dd/yyyy)

21 **Description of This Service:**	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 2

22 **Entity/Entities Receiving This Service:**	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : 209385 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount per month for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount $ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment $ Request (I x J)
600	0	600	12	7200	0	0	0	7200	90%	6480

PS 3/12/01

Entity Number _____209385_____   Applicant's Form Identifier _____

Contact Person _____GITTY HOROWITZ_____   Phone Number _____(718) 963 - 2966_____

Block 5: Discount Funding Request(s)

Block 5, page ___6___ of ___7___

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 **Category of Service** (only ONE category should be checked)	15 **Contract Number** (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) **T**
⦿ Telecommunications Service ○ Internet Access ○ Internal Connections	16 **Billing Account Number** (e.g., billed telephone number) **718-963-2966**
12 **Form 470 Application Number** (15 digits) 395000000303638	17 **Allowable Vendor Selection/Contract Date** (mm/dd/yyyy) (based on Form 470 filing) **11/30/00**
13 **SPIN - Service Provider Identification Number** (9 digits) **143000890**	18 **Contract Award Date** (mm/dd/yyyy) ~~12/01/00~~
	19a **Service Start Date** (mm/dd/yyyy) **07/01/01**
	19b **Service End Date** (mm/dd/yyyy) (use only for "T" or "MTM" services) **06/30/02**
14 **Service Provider Name NEXTEL**	20 **Contract Expiration Date** (mm/dd/yyyy)

21 **Description of This Service:**	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # _____3_____

22 **Entity/Entities Receiving This Service:**	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____209385_____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount per month for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount $ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment $ Request (I x J)
2500	0	2500	12	30000	0	0	0	30000	90%	27000

Block 5: Discount Funding Request(s)

Block 5, page ⁷⁷ of 7

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked)	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)	T
● Telecommunications Service ○ Internet Access ○ Internal Connections	16 Billing Account Number (e.g., billed telephone number)	718-963-2966

12 Form 470 Application Number (15 digits) 395000000303638	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)	11/30/00

13 SPIN - Service Provider Identification Number (9 digits) 143000677	18 Contract Award Date (mm/dd/yyyy)	12/04/00
	19a Service Start Date (mm/dd/yyyy)	07/01/01
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)	06/30/02

14 Service Provider Name CELLCO	20 Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service:
You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.

Attachment # _____4_____

22 Entity/Entities Receiving This Service:
a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____209385_____

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount per month for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount $ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment $ Request (I x J)
2500	0	2500	12	30000	0	0	0	30000	90%	27000

Block 3: Impact of Services Ordered in THIS Application

8 Please provide your best estimate of the number of people who will be served by all of the services ordered in THIS Form 471.
Schools/school districts complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.

a Number of students to be served [**100**] **b** Number of library patrons to be served [ ]

9 The following questions seek summary outcome information based on the services ordered in this Form 471 application. Please complete only those rows that are relevant to THIS application.

IF THIS APPLICATION INCLUDES...	BEFORE ORDER	AFTER ORDER
a *(Schools/districts/consortia only)* Telephone service: How many classrooms had phone service before and after your order?	10	10
b High-bandwidth voice/data/video service: How many buildings served before and after your order?	0	0
c High-bandwidth voice/data/video service: Highest speed to a building before and after your order?	0	0
d Dial-up Internet connections: How many before and after your order?	30	30
e Dial-up Internet connections: Highest speed before and after your order?	56K	56K
f Direct connections to the Internet: How many before and after your order?	0	0
g Direct connections to the Internet: Highest speed before and after your order?	0	0
h Internet access (for schools): How many rooms have Internet access before and after your order?	10	10
i Internet access (for libraries): How many buildings have Internet access before and after your order?		
j Internet access: How many computers (or other devices) with Internet access before and after your order?	30	30
k Other technology outcomes: (please specify):		

Block 4: Discount Calculation Worksheets (pages 3a, 3b, and 3c)

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of application you are filing. Each worksheet has instructions.

- If you are filing as a school or a school district, use Worksheet A (page 3a).

  If you are filing as a library (i.e. outlet/branch, system), use Worksheet B (page 3b).

  If you are filing as a consortium, use Worksheet C (page 3c), and include as many Worksheets A and B as you need for back-up documentation.

Entity Number	209385	Applicant's Form Identifier	
Contact Person	GITTY HOROWITZ	Phone Number	(718) 963 - 2966

Block 4: Discount Calculation Worksheet A
for Schools/School Districts

Worksheet #A-_____

Page _____ of _____

Instructions: If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

(For Administrator's Use)

10a If you are:
- **Applying for discounts ONLY for an individual school, or ONLY site-specific services:** Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- **Applying for discounts on services shared by ALL schools in the district (with or without site-specific services as well):** Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in **10c** (below) to complete Block 5 for shared services.
- **Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well):** Complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

10b **List entities and calculate discount(s).**

School District Name: _____   School District Entity Number: _____

1 Name of Eligible School	2 Entity Number	3 Urban or Rural U or R	4 Total # of Students	5 # of Students Eligible for NSLP	6 % Students Eligible for NSLP (Col. 5 ÷ Col. 4)	7 Discount % from Discount Matrix	8 Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
BNOS SPINKA	209385	Urban	100	98	98%	90%	90
Totals for calculating Weighted Average Discount							

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %) ⟶ **90%**

FCC Form 471 – October 2000

Entity Number _____209385_____	Applicant's Form Identifier _____
Contact Person _____GITTY HOROWITZ_____	Phone Number _____(718) 963 - 2966_____

Block 6: Certifications and Signature

24 The entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)

    a ☑ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses and do not have endowments exceeding $50 million; and/or

    b ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary and secondary schools, colleges, or universities.

25 Y The eligible schools and libraries listed in Block 4 of this application have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.

26 All of the schools and libraries or library consortia listed in Block 4 of this application are covered by:

    a ☑ an individual technology plan for using the services requested in this application; and/or

    b ☐ higher-level technology plan(s) for using the services requested in this application; or

    c ☐ no technology plan needed; applying for basic local and long distance telephone service only.

27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):

    a ☑ technology plan(s) has/have been approved; and/or

    b ☐ technology plan(s) will be approved by a state or other authorized body; or

    c ☐ no technology plan needed; applying for basic local and long distance telephone service only.

28 I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.

29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

30 I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.

31 I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.

32 I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.

33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

34 Signature of authorized person _Gtty Horowitz_	35 Date _1/15/01_
36 Printed name of authorized person _Gitty Horowitz_ **GITTY HOROWITZ**	
37 Title or position of authorized person **PRINCIPAL**	
38 Telephone number of authorized person: **(718) 963 - 2966**	

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.

FCC Form 471 -- October 2000

Entity Number	209385	Applicant's Form Identifier	
Contact Person	GITTY HOROWITZ	Phone Number	(718) 963 - 2966

Please submit this form to:

SLD-Form 471
P.O. Box 7026
Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD-Form 471
c/o Ms. Smith
3833 Greenway Drive
Lawrence, Kansas 66046
(888) 203-8100

FCC Form 471 – October 2000

SMART TELECOM INC.
787 CORNAGA AVENUE
WEST LAWRENCE,   NY   11691
718-868-0818   718-868-9161=FAX

CONTRACT   November 28, 2000

Ref.#   : 2798-104

Job Date: 07/01/01

BNOS SPINKA
GITTY HOROWITZ
127 WALLABOUT STREET
BROOKLYN, NY 11206

SHIP TO:
BNOS SPINKA
GITTY HOROWITZ
127 WALLABOUT STREET
BROOKLYN, NY 11206

(718)963-2966 (718)403-9024=FAX

SHIP TEL: (718)963-2966

WE HEREBY SUBMIT SPECIFICATIONS AND ESTIMATES FOR:

ONE YEAR MAINTENANCE CONTRACT FROM JULY 1st, 2001
THRU JUNE 30th, 2002 ON THE FOLLOWING EQUIPMENT:
PANASONIC DIGITAL PABX TELEPHONE SYSTEM CONSISTING OF:

PANASONIC DBS576 96 PORT BASE CABINET	1
PANASONIC DBS576 96 PORT EXPANSION CABINET	1
PANASONIC DBS576 CPC 576 CARD	1
PANASONIC DBS576 TIME SWITCH 576 CARD	1
PANASONIC DBS576 SERVICE CONTROL CARD-SCC	1
PANASONIC DBS576 BUILDING BLOCK EXPANSION CABLE KIT	1
PANASONIC DBS576 SWITCH BOX	1
PANASONIC DBS576 PCMCIA MEMORY CARD	1
PANASONIC DBS576 DIGITAL EXTENSION CARD	3
PANASONIC DBS576 ANALOG EXTENSION CARD	8
PANASONIC DBS576 MFR RECEIVER CARD	1
PANASONIC DBS576 EXTENSION MDF INERFACE	4
PANASONIC DBS576 LOOP START/GROUND TRUNK CARD	2
PANASONIC DBS576 MDF TRUNK INTERFACE	1
	1

IT IS AGREED THE MAINTENANCE CONTRACT WILL BE RENEWED ANNUALLY AT THE SAME
PRICE THROUGH THE YEAR 2008.
ALL ELEMENTS OF THIS CONTRACT ARE CONTINGENT UPON ALL REQUESTED DISCOUNTS
BEING APPROVED BY THE SCHOOLS AND LIBRARIES DIVISION.
**WE PROPOSE HEREBY TO FURNISH MATERIAL AND LABOR - COMPLETE IN ACCORDANCE
WITH THE ABOVE SPECIFICATIONS, FOR THE SUM OF:** $10,460.00

PAYMENT TO BE MADE AS FOLLOWS:
WOULD YOU LIKE TO SAVE MONEY ON YOUR PHONE BILL ? CALL AND ASK US ABOUT
DIGITAL CENTREX FROM BELL ATLANTIC. CALL US AND SIGN UP TODAY !!

**AUTHORIZED
SIGNATURE**_____

**ACCEPTANCE
SIGNATURE**_____   **DATE**_____

SMART TELECOM INC.
787 CORNAGA AVENUE
WEST LAWRENCE, NY 11691
718-868-0818 718-868-9161=FAX

BNOS SPINKA
GITTY HOROWITZ
127 WALLABOUT STREET
BROOKLYN, NY 11206

SHIP TO:
BNOS SPINKA
GITTY HOROWITZ
127 WALLABOUT STREET
BROOKLYN, NY 11206

(718)963-2966 (718)403-9024=FAX   SHIP TEL: (718)963-2966

WE HEREBY SUBMIT SPECIFICATIONS AND ESTIMATES FOR:

ONE YEAR MAINTENANCE CONTRACT FROM JULY 1st, 2001
THRU JUNE 30th, 2002 ON THE FOLLOWING EQUIPMENT:

```
*4 PAIR CAT 5 COMPUTER CABLES & JACKS              39
*24 PORT BAY NETWORK HIGH SPEED SWITCHES 10/100 HUB 2
*24 PORT 8 PIN CAT 5 PATCH PANEL/HINGED WALL BRACK. 2
*8 PIN CAT 5 DATA PATCH CORDS - 3 FT               39
*8 PIN CAT 5 DATA PATCH CORDS - 7 FT               39
*SMART UPS 1400NET UNINTERRUPTED POWER SUPPLY WITH  4
  POWERCHUTE
```

                                        1

IT IS AGREED THE MAINTENANCE CONTRACT WILL BE RENEWED ANNUALLY AT THE SAME
PRICE THROUGH THE YEAR 2008.
ALL ELEMENTS OF THIS CONTRACT ARE CONTINGENT UPON ALL REQUESTED DISCOUNTS
BEING APPROVED BY THE SCHOOLS AND LIBRARIES DIVISION.

**WE PROPOSE HEREBY TO FURNISH MATERIAL AND LABOR - COMPLETE IN ACCORDANCE
WITH THE ABOVE SPECIFICATIONS, FOR THE SUM OF:** $10,795.00

PAYMENT TO BE MADE AS FOLLOWS:
WOULD YOU LIKE TO SAVE MONEY ON YOUR PHONE BILL ? CALL AND ASK US ABOUT
DIGITAL CENTREX FROM BELL ATLANTIC. CALL US AND SIGN UP TODAY ! !

All material is guaranteed to be as specified. All work to be completed in a professional manner according to standard practices.
Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders and will
become an extra charge over and above the estimate. All agreements contingent upon delays beyond our control. Purchaser agrees to
pay all costs of collection, including attorney's fees. This proposal may be withdrawn by us if not accepted by the above due date.

**AUTHORIZED
SIGNATURE**_____

**ACCEPTANCE
SIGNATURE**_____   **DATE**_____

SMART TELECOM INC.
787 CORNAGA AVENUE
WEST LAWRENCE,   NY   11691
718-868-0818   718-868-9161=FAX

Ref.#   : 2798-106

Job Date: 07/01/01

SHIP TO:
BNOS SPINKA   BNOS SPINKA
GITTY HOROWITZ   GITTY HOROWITZ
127 WALLABOUT STREET   127 WALLABOUT STREET
BROOKLYN, NY 11206   BROOKLYN, NY 11206

(718)963-2966 (718)403-9024=FAX   SHIP TEL: (718)963-2966

WE HEREBY SUBMIT SPECIFICATIONS AND ESTIMATES FOR:

1
ONE YEAR MAINTENANCE CONTRACT FROM JULY 1st, 2001
THRU JUNE 30th, 2002 ON THE FOLLOWING EQUPMENT:

NETWORK FILE SERVER CONSISTING OF:
DUAL PENTIUM III 500 MHZ CPU'S
INTEL MOTHERBOARD WITH 612 KB L2 CACHE INTEGRATED DUAL CHANNEL ULTRA SCSI,
IDE AND VGA
256 MB ECC SDRAM RAM ON MOTHERBOARD
MYLEX 8SCI RAID CONTROLLER
300 WATT POWER SUPPLY
5-HOT SWAPPABLE DRIVE BAYS
4-4.5GB ULTRA SCSI HARD DRIVES
40X CDROM
14GB INTERNAL 8MM ULTRA SCSI TAPE DRIVE/SEAGATE BACKUP EXEC FOR NETWARE
10/100 INTEL NETWORK CARD
17" FLAT MONITOR
WINDOWS NT 4.01 NETWORK PACKAGE

IT IS AGREED THAT THE MAINTENANCE CONTRACT WILL BE RENEWED ANNUALLY AT THE
SAME PRICE THROUGH THE YEAR 2008.
ALL ELEMENTS OF THIS CONTRACT ARE CONTINGENT UPON ALL REQUESTED DISCOUNTS
BEING APPROVED BY THE SCHOOLS & LIBRARY DIVISION.

**WE PROPOSE HEREBY TO FURNISH MATERIAL AND LABOR - COMPLETE IN ACCORDANCE
WITH THE ABOVE SPECIFICATIONS, FOR THE SUM OF:** $7,950.00

PAYMENT TO BE MADE AS FOLLOWS:
WOULD YOU LIKE TO SAVE MONEY ON YOUR PHONE BILL ? CALL AND ASK US ABOUT
DIGITAL CENTREX FROM BELL ATLANTIC. CALL US AND SIGN UP TODAY !!

**AUTHORIZED
SIGNATURE**_____   **ACCEPTANCE
SIGNATURE**_____   **DATE**_____

ATTACHMENT #   1

SERVICE PROVIDER: VERIZON

SPIN: 143001359

DESCRIPTION: LOCAL PHONE SERVICE

COST PER MONTH: $1000

OF MONTHS: 12

TOTAL COST PER YEAR: $12000

ATTACHMENT # 2

SERVICE PROVIDER: VIATEL/ECONOPHONE

SPIN: 143009164

DESCRIPTION: LONG DISTANCE PHONE SERVICE

TOTAL COST PER MONTH $600

OF MONTHS: 12

TOTAL COST PER YEAR: $7200

ATTACHMENT # 3

SERVICE PROVIDER: NEXTEL

SPIN: 143000890

DESCRIPTION: CELLULAR PHONE SERVICE

COST PER PHONE PER MONTH: $250

OF PHONES: 10

TOTAL COST PER MONTH: $2500

NUMBER OF MONTHS: 12

TOTAL COST PER YEAR $30000

ATTACHMENT #   4

SERVICE PROVIDER: CELLCO

SPIN: 143000677

DESCRIPTION: CELLULAR PHONE SERVICE

COST PER PHONE PER MONTH: $250

OF PHONES: 10

TOTAL COST PER MONTH: $2500

NUMBER OF MONTHS: 12

TOTAL COST PER YEAR $30000